CLINIC DEFENSE A Model

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Bay Area Coalition Against Operation "Rescue"BACAOR

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BACAOR STRATEGY

Our philosophy is that our first line of defense for protection of reproductive rights is self defense. We cannot rely on courts, police or legislatures to protect our fundamental rights to control our bodies and reproductive options. We defend the clinics against O.R. blockades by organizing community members to go to area clinics before O.R. can arrive to try to shut it down. We are there first, so any aggression or conflict is initiated by OR. We do not accept the premise that OR or police have any authority to control or determine when a clinic will operate on a given day. To merely counterdemonstrate against OR when they are blockading a clinic, or to wait for police to open a clinic is to accept that OR's presence there is legitimate in some way, that the legitimacy of our presence and actions are secondary to that of the police's, and it is to minimize the nature of the political and physical threat posed by OR in striking clinics, We cannot be persuaded that OR's effect on a given day is limited to the events at that particular clinic, or that a client's right to have her procedure as scheduled can be suspended for the convenience of OR, or an intentionally disinterested police force.

MOBILIZING LARGE NUMBERS OF PEOPLE AT THE CLINICS

1) BACAOR sends irregular newsletters to our mailing list to advise of large upcoming events, and does phonebanking to mobilize. We also rely on the grassroots community network to get out word of a hit. Putting up flyers on telephone poles still brings out defenders who consistently respond to a defense call, but may not go to meetings or other events where they would hear about it. Post flyers in bookstores, stores, campuses, coffee shops and other community gathering places. Take flyers to other groups' events, and make announcements about a hit at other events.

2) Phonebank before a hit; try to do so 2 weeks before the hit; develop phone trees if possible.

3) If there's time before a hit, send out a mailing about it, telling people what clinics to go to and what times, or telling them to call in to be assigned to a clinic.

4) Prepare PSA and calendar announcements for local radio stations and community newspapers to appear in the weeks before a hit.

5) Prepare press releases with a particular angle that will cause the press to do a story about clinic defense and announce the hit. For example, for the Mother's Day hit, we capitalized on that holiday to get out a story; for the July 1 1989 hit, we played it that this was OR's last big effort before the Webster Decision was to be released, and framed it in terms of "no matter what the Decision will be, abortion rights activists will continue to defend women's clinics." College and public radio stations will often interview us on the air before a hit, and make it part of their program or news. We have reached a lot of people on the night before a hit by being interviewed on radio during regular news programs and asking for clinic defenders.

6) Have connections with other local student and community reproductive rights groups so that they, can include a clinic defense call in their own newsletters and at meetings.

7) Encourage people to "adopt" a clinic. We ask student groups adopt certain clinics, so that the group will have a connection with a particular clinic and will mobilize on its own for all future defenses. This helps us ensure that given clinics will have a base of defenders we can rely on. Encouraging people to adopt clinics is a good way to cut down on our phone calls when groups or individuals hear of a hit, they only have to call us to make sure that clinic will be open on the hit day.

8) Advertise a phone number people can call on the day of the hit to find out where the hit has been if they didn't make it to the clinic early enough. An answering machine whose message can be changed from another phone can be used, and it won't tie up the individuals working in the central office that morning.

9) Keep the organization in the public eye between hits, so that people will continue to learn about it, stay involved, etc. Doing different types of actions and having a presence at particular types of events gets people to rely on and expect us to be there, so they will often phone in and want to know what they can do to get involved in different things.

10) Do outreach and tabling at events, rallies, on street corners as much as possible, to get out word of a hit and get people involved. Hold regular clinic defense trainings.

AT THE CLINICS

Have as many people as possible at each clinics early in the morning before the hit. We only use alternate gathering places for those who cannot get to the clinic at 5:30, or those absolutely have no other transportation to the clinics (in which case we set up a gathering place at a local mass transit station from which car pools will depart). Those people who prefer counterdemonstrate rather than defend a clinic also take advantage of these later gathering spots. You can't defend a clinic if you're not there. We don't rely on phone trees on the day of a hit as a means to get people out to a clinic that has been hit. That encourages a larger counter-demonstration force rather than the largest possible clinic defense force. OR has been known to nit as early as 6:00 a.m., but more often they hit between 6:30 and 7:30. Getting to the clinics in large numbers that early gives us time to set up properly, practice defense techniques, discuss and explain our plans, get out announcements, act as a deterrent, and be in place before the hit.

1) We set a standard time for people to report to the clinics so they get used to having to arriving at the same time for all future hits, and to cut down on confusion in assigning defenders to various clinics. Standardizing the time for arrival even though some clinics may have different opening times also enables us to assess our strength at each clinic, so that defenders can be shifted to others clinics as needed to bolster our numbers before the hit happens. This type of coordination is done through the central office, which receives information from clinic captains in the field.

2) Central office: 3 or 4 people staff the office on the day of the hit, with multiple phone lines. They have maps, directions to clinics, and keep track of our numbers, OR movements, etc., via phone calls coming in from designated clinic defenders and follow cars with cellulars. They can make decisions about shifting defenders over to where they are needed, and also convey info about where OR is headed, where the hit is, etc. People in the field report regularly to the office, every 15 or 20 minutes or so. Remember to phone in to the office even after the hit happens, so they can continue to streamline information and also report whether OR has gone to more than one clinic, for example. We also have a press person in the office for incoming press calls. Only 1 or 2 designated people at each clinic or in the field should have the office number, know the code word, and have responsibility for reporting in; this cuts down on unnecessary and potentially confusing phone calls. Because the office serves as a central information point, it is unnecessary for anyone at one clinic to telephone other clinics for information. We do not want the clinics we are defending to be bombarded with questions or information. Each clinic has the central office phone number, as well as do the clinic captains outside. Take calling dimes, pen and paper in case you can't get inside the clinic to call the office. Scout out pay phone locations ahead of time, and test to see if they can receive calls as well.

Defenders physically restrain OR while a client is helped by.

3) When people arrive at the clinic, clinic captains run a brief overview and discussion about what to expect from OR, what our strategy and tactics are, etc. We take questions from people, and then run a practice session, having some people be OR and the rest as defenders. If necessary, and there is time, we run through a couple of different styles of defense, so people can see why certain tactics work best. We emphasize that we are there to defend ourselves and to defend the clinic, and that we can expect to go away with bruises or

sore muscles if OR hits there. we talk about the difference between "violence" and physical action, telling people that we use only the degree of physical force against OR that is needed to accomplish our goal, i.e., pushing them back, getting them off us, moving them to clear a corridor, etc. Explain the level of aggressiveness and tactics we can expect from OR. Actual clinic defense inherently requires contact with OR. We have heard that many organizations tell people not to touch OR, but this of course is not really clinic defense. We advise people about not taking independent physical action against OR, which could cause them to be singled out for arrest or reprisal, etc., but instead, to work in groups to move, remove or isolate ORs as needed.

4) Keep defenders informed of developing events as we get information from the office. There is always a period of waiting for those defenders at a clinic that is not being hit, so keeping them informed, continuing dialogue, and making special assignments keeps up the level of unity. It is good to have a bullhorn for this.

Silk screening scarves to be worn by clinic defenders for identification.

5) Make defenders identifiable. If there are enough orange vests, or other types of vests, pass them out. Colored armbands or sashes work in a pinch, but often get twisted up and are difficult to see, especially armbands. We ask people to wear bandanas (can be of any color) since we know OR would never wear anything like that to ruin their hair dos. The best thing we have found aside from vests, is asking people to wear the scarves / bandanas we have made. They are unique in design, and stand out well whether worn around the neck or the head. They can be worn outside jackets in the cold weather. If people don't have that, we ask them to wear visible pro-choice buttons to the hit, and to wear purple colors. The vests (or comparable items) work best also, because, in the heat of battle with police we can tell them that all of us wearing that particular item are there to help women into the clinic and are not to be arrested.

6) Assign people at the clinics to watch for OR "scouts" on street corners: seeing vans, large numbers of cars full of people, cars with CB antennas, or seeing the same cars pass by the area repeatedly. Put people in charge of dispensing signs, sending around signup lists, and helping to organize groups

of clinic defenders. If the police are there, assign known leadership types to speak to them if necessary. We have pre-assigned "press dogs" at each clinic, but we also encourage everyone to collar and speak to the media as much as possible.

7) Assign people to watch for upcoming clients at street corners, clinic parking lots or other likely arrival spots. These people should be wearing vests or other identification. Not all scheduled clients may have heard of the possibility of a hit that day. If you are at a clinic that has defenders, but has not been hit, simply let the client know we are all pro-choicers with the clinic. Let the client go in on her own if there is no one there to harass her. If there is only one entrance for clients to go through, make sure clinic defenders are alert but are not blocking the entranceway for clients. A large contingent of anyone, even clinic defenders, can look scary and confusing to a client who was not prepared to see tons of people there. If the clinic has been hit, the client lookouts will be responsible for collecting the clients, informing them of what's happening and what is planned, and keeping them free of OR until they can be brought to clinic doors safely. If it is necessary or possible to have clients gather at a safe location nearby until the way is clear, the lookouts should have walkie talkies to communicate with defenders on site to coordinate. Keep particular details about the secret gathering point off the air, and try to use agreed upon code words when possible, because OR can listen in on some walkie talkie channels. When bringing clients to the doors, be creative. It can be as easy as outfitting them with a vest, bandana or pro-choice sign to fool OR into thinking they are just another clinic defender. Be cool. Don't assume that all clients are going to be helpless or unable to cope. Many may have their own ideas about what they want to do. Be supportive but don't treat them like they are invalids. Encourage them to participate in the planning and process of facilitating their access to the clinic.

8) We have big banners that can be posted high on the clinic building that say "This Clinic is Open." This provides reassurance for approaching clients, a good visual bite for the media, and an irrefutable counter to OR's lies about having closed a clinic down.

9) Since we are a multi-issue coalition that understands the political links between the right wing's agenda for women, gays and lesbians, and people of color, it is part of our job at the clinics to educate on these issues through chants, literature, and speeches. During a hit, someone should have a bullhorn who can lead the chants, give the overall picture of the events of the day as things develop, and talk about the political connections.

10) Assign someone to set up and staff a table near the location of the hit, so that people arriving from other clinics or the neighborhood can check in to see what's going on, which helps keep some sense of order, as well as to pick up literature, and buy t-shirts, buttons, and scarves.

11) Assign 3 or 4 "rovers" at the hit site to help coordinate and organize supporters coming in from other clinics so they can be put to best use in relieving, supporting and reinforcing clinic defense lines. It is essential to think of and use those later arriving groups to carry on the clinic defense work first, and to act as counter-demonstrators only if getting to the aid of the defense line is not possible because of police, etc. The rovers have to be in good control of the overall picture, to know where help is needed, and to direct people quickly. Rovers should have walkie talkie

contact with people behind defense lines as well as with other rovers on site if possible. People arriving late at the hit site may not know what the situation is, in terms of police strength, cleared areas, etc., (and things do have a tendency to look all disorganized), so rovers should get to them quickly. We try to give people as full a picture of the situation as possible before they leave a clinic to go to the hit site, and we also tell them to take a second when they arrive to get a sense of what's happening, who is who, etc., and find someone who knows the situation on site before jumping in.

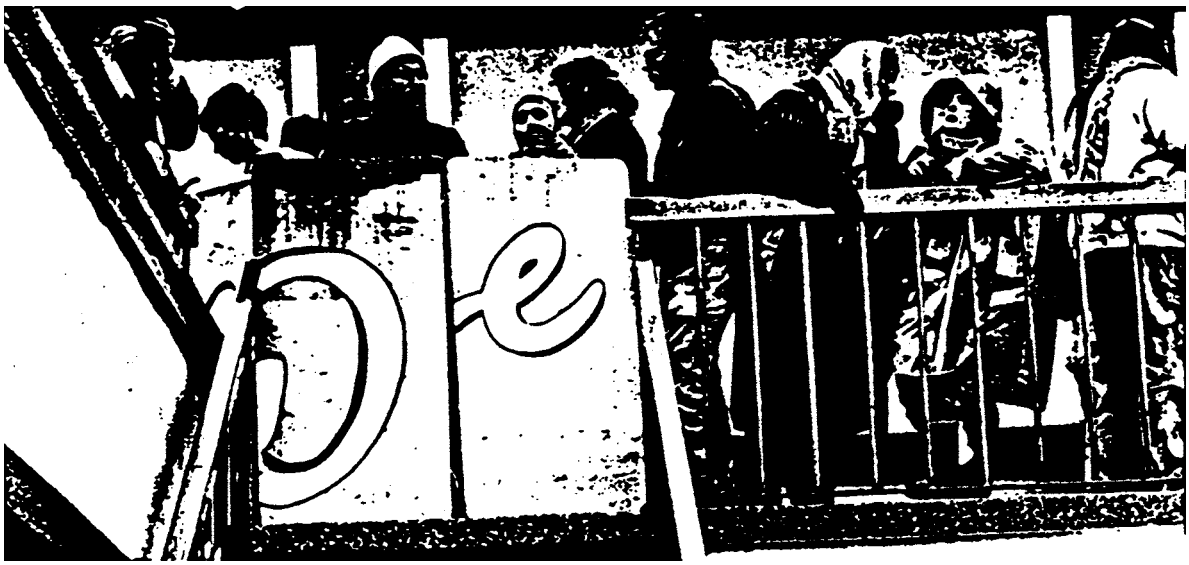
CLINIC DEFENSE TACTICS

We are prepared to pick em up and move em out. This can be done in a concerted way, using several or all of us at a time, to maximize effectiveness, and to minimize danger to individual defenders from police, OR, or OR cameras.

Work with defenders around you to focus on a person or persons who need to be removed; identify them, and push the OR out from one defender to the next until they are put out of the defense line.

It doesn't always take large numbers of us to get a client in past OR lines, if we have coordinated our intentions to the defenders at the door or behind defense boards; for example at the Sacramento hit in January 1990, OR hit unusually early, and we had only 7 people at the clinic when they arrived. 3 of us stayed at the door behind a row of defense boards, while 4 of us stayed outside to rove and assess things. About 50 ORs put themselves in front of the defense boards, standing up. When the first client and her boyfriend

arrived, our 4 "rovers" signaled to those behind the boards which end we intended to breach, then we had a huddle, decided which ORs go for, and went straight to them, pulling the ORs out of place while the client and her boyfriend went through. The defenders at the door opened up one of the defense boards and the client got in behind it. The whole thing took less than one minute. This worked not only because of the coordination done by the defenders, but because we knew the passive style of resistance to expect from OR, and quickly took advantage of OR's assumption that such a small force would not try to get clients past them.



Clinic defense boards in use.

While there are instances of viciousness on the part of individual ORs, and we never underestimate the violence they are capable of, at the same time, we use what we know of them psychologically to defeat them, and in almost all cases, the most our physical contact with them amounts to is a "scuffle": pushing, shoving, grabbing. Their passive-aggressive tactic of pushing at us with their bodies gives us plenty of places to grab hold of their jackets, etc. to pull on. They are coached not to hit people outright, and they are also told to rely completely on their marshals for instructions. If we can isolate and go to work on a bunch of the sheep, without a leader telling them how to escalate resistance, they are less likely to do so. Also, while male loose cannons are more capable of hurting defenders than are female loose cannons, it is also true that the men have such a disdain/disregard for women that they are less likely to physically beat people up. Chivalry is not dead with these people (just convoluted), and that means they have an inordinate sense of modesty and "honor" about being accused of touching women. There are innumerable instances of clinic defenders

neutralizing male ORs by shouting "get your hands off me, don't you dare touch me" all the while they are tagging or pushing OR out of the line.

Be aware of the layout of each clinic so that you can defend one particular door, rather than all entrances. When the process of pushing OR away from the perimeter begins, coordinate actions along the defense line, keeping aware of what those around you are doing. Steady pressure will push OR outward, and clinic defenders must use their bodies or defense boards to hold the line in the area that has been cleared: The ORs will resist defenders' efforts in certain ways - primarily by linking arms, trying to sit down, standing their ground, or perhaps holding or grabbing onto clinic defenders. Even if the scuffle gets to a heated point, they are going to stop eventually, either from fear, demoralization or from realization that they are blowing the image they have tried to convey to media and others. Once the majority of ORs have been pushed or moved out from the door, if others remain, they can be picked up by several defenders in much the same way police remove them. This is a safe, non-escalating tactic that is effective, doesn't cause physical strain to defenders or OR, and demoralizes them. They can be safely deposited outside the defense perimeter.

Flexibility: Different clinic layouts, OR numbers, and clinics defender numbers require flexibility in tactics. During the January 13 hit, clinic defender numbers never rose to the levels we expected (at peak we had about 40; OR had about 140). The clinic had about 4 or 5 entrances that OR was obligated to cover, so that split them up. We decided the best tactic was to abandon the idea of holding one door, since there were too few of us, particularly early on, so we all stayed outside the blockade as a roving force. That enabled us to pick a door at will to get clients into when they arrived. OR could do nothing to stop us, since they had to be stationed at each door and could not move. They were sitting ducks. Thus, we would huddle, determine which door looked most vulnerable in terms of numbers, make our plan about who would do what, coordinate by walkie talkie inside the clinic about which door we were coming to, and then the group of us would move on OR at that door, shove them out of the way, and get the clients in. Of course other ORs would come running to try to stop us, but by then we'd have the advantage and the victory. They could put more ORs on whatever door we had successfully breached, but that just meant they were more vulnerable at a different door. It was like squeezing a water balloon - some place or other always had less mass. We got several clients in this way, as well as clinic staff and the doctor. It all worked well until the police captain showed up at around 7am to try to put a stop to it.

Follow cars: We have a moderate sized force of defenders who follow OR from their gathering point to the hit site. They have maps with clinic locations marked out, CBs and walkie talkies to communicate with each other as they wait and while on the road. They also have at least one cellular phone to report OR movements in to the office. The gathering site has been scouted beforehand, so each follow car knows which clinic or town OR could be headed for, depending upon the route they take out of the parking lot, and all exits are covered by follow cars. Exchange information about the colors, makes and models of OR cars being used, so they can be located on the road if the OR caravan splits into several groups. Count the number of cars and ORs to report to the office. In the Bay Area, OR no longer travels to a hit in one long caravan, because they are aware of our follow cars. If they do, have

planned out which positions in the caravan will be taken by each follow car: near the front, middle, and rear. Generally now, they split up quickly and try to divert and lose our cars. Pick out a group of cars that stay together, or have too many people in them to conceivably be a diversion, and lock on.

Moving an OR.

Be aware of what streets or freeway exits they could use to get back on track if they have led you off somewhere. Follow cars that arrive at the hit site at the same time as OR provide an immediate backup squad for the clinic defenders already there, and can go to work immediately to add to the defense line, clear a corridor and begin the process of establishing access to the clinic.

THE POLICE

1) We do not meet with police before hits, and have no designated police liaison position within the structure of BACAOR. Our experience has been that when police approach us to meet and discuss, their emphasis is on finding out information about individuals within the coalition, and attempting to impose their plans and directives on us for what will take place at the clinic. They essentially warn us not to do clinic defense and try to pinpoint one person they can hold responsible at the clinic if we do not follow their directives.

2) Clinic directors handle talks with police in the weeks before a hit. It is essential to have established a regular rapport with directors, to let them know what we are prepared to do, what the role of the police will be, what she can demand of the police if there is a hit, etc. When we get word of a hit we notify the director, who should tell police that there are going to be trained escorts and defenders at her clinic and demand that police work with defenders to keep the clinic open. Of course, the degree of impact this has on the day of the hit is rather negligible, because police will try to pressure directors to shut down or order us away, but it can lay the groundwork for us, when the police arrive (and essentially take over OR's job of keeping the clinic closed), to say that we are there working with the clinic to get clients in. It is also crucial to set up this support for ourselves among clinic directors, in the likely case that police will threaten us with arrest or try to persuade the director to order us off the property before they will begin doing anything, etc. A director can demand that defenders not be arrested, and tell police she wants defenders to remain until all danger posed by OR is past.

3) We do not call police ourselves during a hit. Our best work is done before police arrive, or when there are not enough police there to prevent us from doing what we have to do. Get in place before cops can mess with it; establish balance of power early, do key acts requiring physical contact with OR as much as possible before cops have enough people to intervene.

4) We do not "negotiate" with police on site, in terms of expecting or asking for control or direction from them. Our discussions consist of repeatedly asserting our view of the situation, that we are planning and prepared to get clients into the clinic. We assign at least 2 people to listen in on cop dealings and be "police dogs." This role can range from keeping the police busy with talk while the defense line continues its work, to the more complicated work of representing ourselves as contacts for the clinic and pressuring them to accept our presence or do the job themselves. The people assigned to do this at one hit might not have the same role next time, because we don't want police thinking there is only one "leader" whom they can always pick out. Assigning more than one person to this role at the hit helps prevents individuals from being pressured into going along with the cops or feeling like they have sole responsibility for events.

5) Make all conversations with cops be in terms of actions, concerns, plans, assertions about clients: we represent ourselves as working on clients' behalf; we are trained and prepared to keep clinic doors open and escort clients in. Speak in terms of the immediacy of things: the clients are here, the doctor has arrived, the doctor is inside, prepared to see clients, the women need to get in, we are prepared to take them in, we have already begun taking clients in, the clinic is expecting them inside now, etc. Do not let the police separate us from clients, either in their minds or physically; insist that our escorts are staying with clients and will take them to the clinic doors, and we will not be separated from them until they are in safely. Convey to police that scheduled clients have placed their trust in defenders to get them inside; we are there to help clients in whether police want us / authorize us to or not. This also minimizes the ability of police to treat us as vigilantes, agitators, or people with no rational plan.

6) Try to be the main intermediary about events; if the director is outside on site, assign someone to work with her in talking with police; it is essential that if she speaks with the police her demands and expectations are the same as ours have been. The police will try to persuade her that clinic defenders are making the situation bad, or they will try to persuade her to believe that diverting or delaying clients from entering is an acceptable thing, and that they will clear the area themselves in due time and everything will be okay if its done their way. Our message is continually that of immediacy: the clinic is open now, the staff is inside, (or the staff is here now and ready to get inside), there is no reason for them to wait, the clients want to go in, etc. If the director is inside, make the police believe they must deal with us; that way we can best facilitate how and when police will interact with the director; that gives us the opportunity talk with her as much as possible and to frame the situations when police will speak to her; communicate by walkie talkie. Give the director the situation in the simplest, most positive and concrete terms about what we have accomplished, what we can do, and what she can do to facilitate our plans by talking with the police herself.

7) Words with cops are best backed up by deeds; if police try to stall our actions (by saying they will open the clinic once all arrests have been made, for example) push the issue by taking action (whether real or diversionary), threatening action, etc. Be prepared to act; don't let police be sole dictaters of clinic defenders' actions.

8) Avoid letting the actions be slowed or stopped by police orders; if we are engaged with OR - pushing the ORs out, clearing a path, etc. - it is less likely the police will jump in to try to stop it en masse; they don't know who is on what side; they likely do not have enough officers to stop what appears to be a full-out, equal confrontation; police arrive there more likely prepared to stop new actions, prevent clinic defenders from moving in on OR again, etc. It is harder for us to re-organize and put a plan into motion once there has been a period of stoppage in the action than it is to keep the main work going of clearing the ORs out; the police tend to think that once there has been a settling of the action, whatever is in place right then will stay that way until they decide what will happen next (when they will make arrests, etc); if that happens, it is much more difficult to rescue the situation from that deadly period of inactivity which signifies that the cops intend to let the clinic be closed down for several hours.

Police line blocking defenders and clients from clinic access.

9) If possession is 9/10ths of the law, then establishment and incorporation of a successful plan is even better. If we can have cleared a corridor to the door before police arrived (or could stop us), and if we have already got clients or staff in past OR, it makes it less credible for police to use the argument that it cannot be done (because it already has been), or that it is too "dangerous" to us or to clients. The we can begin to drive a wedge into the police's view, and convey to police that defenders are capable and prepared to take action. We can also bombard then with facts: the clinic is already open, people are inside already, the clients know that OR is here and that there is a way for them to get in, if the cops try to prevent them from entering an opened clinic, it is the police, not OR, who have "shut down" the clinic.

10) Be aware of what police can really carry out against clinic defenders, regardless of what they threaten us with; do they have enough manpower to arrest us all? What would it look like for them to arrest people trying to keep a clinic open against an "illegal" force while the police did nothing to prevent the illegal act; if we have worked with the assembled clients and they have agreed to participate in our plans to get them in, that is added pressure on police not to make a move on us; if we refuse to be separated from clients, police have to take into account that if they try to break up the group or begin to arrest the group, they are essentially going to be arresting clients as well. Make sure they are aware of this. This can only be done when clients have been made aware of the situation and have decided they want to participate in defenders' plans.

11) Certain elements of the police situation will provide us with latitude. It's been our experience that while police know of a local hit in advance,

they still do not gear up extra officers either to be on call or to actually go to local clinics for the purpose of keeping them open. They will often send a handful of police to a clinic while we are setting up defense, but they are not prepared to do anything. Those officers will often try to tell us not to defend the clinic if OR hits, and tell us we should obey orders to get out of the way if we are told. This is all mostly wordplay. In turn, we tell them we intend to keep the clinic open and ask what plans they have made to assist us in doing so; the conversation becomes less definitive from then on. In the same way that a small number of police before a hit cannot really do anything, wherever the hit does happen, assuming more police arrive on site quickly, (which is rare, because they have to be called away from the Saturday morning cartoons), they are not likely to be as coordinated or threatening until the "commander" arrives on the scene. The clinic defense work can go on in the presence of cops if we think fast, keep our action going, find ways to keep them diverted, or if we outnumber them so completely that they cannot attempt any concerted action. At the Concord hit in February, clinic defenders completed the entire process of pushing, clearing and moving OR away from 3 entrances under the eyes of 6 or 7 cops who did not try to stop us. (We don't mind at all if they watch.) They later explained to the press that they took no action because of concern for police officer safety in the situation. That period of time between the hit and the arrival of tons of cops gives us the best chance to establish the balance of power. Timing and execution are crucial. It takes time to get enough police to be a threat, time for the police commander to arrive and begin giving orders, time for them to find the "leaders" of the clinic defense so they can order us around, etc.

Client wearing scarf being helped into blockaded clinic.

12) Assess police preparedness. We have done clinic defense successfully even when full police units were on site and ready to do mass OR arrests. Our Mother's Day 1989 hit is a good example. Police threatened to arrest clinic defenders and OR alike and gave an order to disperse. We refused to move: There were several hundred of us in the defense line and in the street; we had effectively roped off OR, but to the police it probably was difficult to tell whose side each of us were on; we said we had already cleared a corridor, were already in place, and were implementing the client escort process. It was theoretically possible, but not physically possible for the police to go in and separate out the pro-choicers, and charge them with the proper charges. Its pretty clear that they were prepared for slow, orderly arrests for trespass against OR, but its another thing entirely to arrest 400 pro-choicers on some other grounds. Since we were all intertwined with OR, the danger of charging us with trespass (which they were not authorized by

the director to do, and which would not stand up in court), and the danger of mistakenly charging OR with more serious charges than their deal called for had to be a factor in how the police were really going to proceed. We stood our ground and said we would leave when all clients were safely in or OR was no longer a threat. The clinic director backed us up on this. In addition, we had never stopped or lost momentum; while this was happening, escort teams were continuing to bring clients through the cleared area and up to the clinic. The police would have had to be the ones to shut down access at that point, since we had already neutralized OR. They knew that. It is a given that police will apply pressure and intimidation to get us to back off, but we must make the call for ourselves whether or not we comply; we must make the final decision about whether to call the bluff or back off, based on our own assessment of logistics, our strength, police strength, etc. The police must be regarded as a factor in our decision making process, and not the sole arbiters of our actions.

13) Make cops realize that they must figure into their plans the independent power of the clinic defense presence; clinic defenders can act in ways police are not fully ready to deal with; make them say to themselves "how can we get these damn people out of here without causing a major riot?" Cause them to see that the best way is to let us do our work; do the jobs themselves, or some combination of the two, if they must be in on it.

CLINIC ESCORTING

Clinic escorting involves subtleties not always present in clinic defense. OR behavior may be just as violent and hostile as on the day of a blockade, but instead of being focused on the clinic and on the defenders, OR is attacking the clients directly. Escorting focuses on the client's comfort and ease of

access, instead of on keeping the doors open. Instead of mass physical action, escorting requires individual confrontations.

As OR has shifted to picketing more than blockading, we've learned that we can't relax and let them "just" picket. It's critical to keep pushing, to not lend any legitimacy to their harassment of women on any level. As much as we can, we are drawing lines....saying, no, you can not picket on the sidewalk in front of the clinic; this is our territory. Go across the street, go away, go wherever but as far away from the clients as is possible to assert. Even if the sidewalk is "public," we've had success at putting enough of us out, early enough, to basically bully the ORs into staying across the street.

IDENTIFICATION

One of the most important aspects of escorting is identifying ourselves to the clients. Orange safety vests (bib-style, so the writing is legible) that say "Clinic Escort" are good. If the ORs try to adopt similar style clothing, adding the words "Pro-Choice" to the vest or shirts will likely stop OR from mimicking it. This was done in PA.

Large pro-choice and "This Clinic is Open" signs, very easy to read, help alert clients to the presence of the escorts.

We don't use a regular spot to meet the clients because that would simply focus the ORs on that site. However, if your clinic has a garage or a parking lot on private property, it is well worth encouraging women to use that garage or lot and use the escorts to assertively defend the property line that keeps the ORs away from the clients.

It is critical to get the clinics to inform women of who they should look for. Sometimes (but, not consistently) our clinic tells people to look for us. Still, it is very common for a client to battle her way through all of not realize until she reaches the door that she's among friends.

The first thing we say to the client is never "Are you going to the clinic?" - which is an invasion of her privacy, and is threatening when she doesn't know who we are. We tell her, "I'm with the clinic. People in the orange vests are with the clinic. If you're going in, I can help escort you." Then she can choose the level of support/escorting she needs. It's important to recognize that sometimes the best way for a woman to get into the clinic is

to be left alone. When the antis are otherwise engaged (maybe they are down the block, busy praying, or are trying to convince us of the evil of our ways) women can go in freely...which is just what we're trying to achieve. Calling a lot of attention to a client by surrounding her will only alert the ORs.

ESCORT ROLES

Since we began weekly escorting, certain roles for clinic escorts have evolved. At any given clinic, the numbers of escorts necessary for each type of task might vary, depending on the physical layout of the clinic and the behavior of the ORs.

It is a careful balance to make sure there are enough escorts to do the job without having too many, which adds to the client's apprehension and loss of privacy by forcing her to go through a crowd. In general, have enough escorts to do the job well even if it takes a lot of people - clients very much appreciate our presence. But we always are trying to arrange ourselves in as non-threatening a way as possible: away from the door and the stairway and keeping as clear a sidewalk as possible, etc.

Keep two or three people at the clinic until all the ORs are gone. Most of our picketers and escorts leave after all the clients are in, but it's important keep an eye on the ORs and to be available to escort people who are leaving if needed. These are the roles we use as escorts:

THE DOOR

we keep one or two people at the door with a check in sheet for the clinic. They should wear escort vests, and should be women. If a client has bullied her way through to the clinic door without being aware that many of the people on site are escorts, she should not be faced with more "enemy" bodies - and at this point, men look like enemy bodies. Some clinics we work with have a staff member do this - others have us do it. Since some buildings are used by more than one business, we can't wholly control access to the clinic and eliminate all possible problems. But having some one go through the formality of checking in clients asserts to the anti-abortionists that we will control the door, in case they might have any thought of invading the clinic. It also gives the clients a final supportive presence after walking past OR. The door person occasionally checks in with the clinic to insure there are no problems inside, especially if someone has just come in who seems unusual, or whose name is not on the list, we have had to deny access to occasional anti-abortionists.

THE GUARDS

We have some escorts who primarily stay at the periphery of the property, such as stairwells, driveway entrances or street corners. They mostly assert the property line. At PCC escorts stand several feet out from the stairwells so that OR's don't "park" themselves in front of the stairs and make it harder for clients to get in. The escorts force the picketers to walk around them or stand further away. They can also "dog" ORs or escort clients if necessary when there is a client seeking to get in.

Some clients want close support, others do not. Be sensitive to each individual.

OR DOGGERS

The anti-abortionists at PCC fall into three categories. Sidewalk counselors, who usually work in ones and twos, are the most dangerous and obnoxious. They are the ones who are there to work over the clients. At PCC they are usually women. We assign one or two escorts to be with them at all times one on one if we can. These "doggers" are there to focus on and engage the OR, and to place ourselves physically between them and the client. We may use handheld cardboard signs (no sticks) to put up a visual block between the OR and a client. During a conflict, our favorite line is "You have nothing to say to that woman" replaced with chanting "Our bodies, our lives, our right to decide" if the decibel level rises and the OR starts shouting at the client.

There are also the marchers, usually men at PCC-SF, who walk around in small groups, pray and harass women from the periphery. They back up the counselors and provide size and intimidation to block a client's way. Often the local leader (male) is doing this as he "supervises" the rest of the antis. We assign several escorts per group of these ORs the object is to round them up and neutralize them. To keep these ORs away from clients we may capture their attention with some profound and irresistible pro- choice argument, or by placing our bodies and our signs between them and the clients. Using signs to visually blockade them is critical if the ORs have cameras or gruesome signs. "Doggers" have two jobs: to engage the ORs so that they cannot harass the client, and to physically ensure a corridor for the client to walk down the sidewalk.

Finally there are the picketers, who basically stand some distance from the clinic and usually leave the clients alone (except for the visual harassment of their signs). Escorts counter-demonstrate, strategically block gruesome signs and cameras, and revel in the gratifying support we get from passersby.

CLIENT ESCORTS

While all of the above is going on, some escorts are located on strategic corners keeping an eye out for clients, identifying ourselves to them, and accompanying them to the clinic doors if need be. We have found that it works best to have one or two women walk with the client and her friend, and to have one of them do the (calm) talking, if necessary. That allows the client to focus on one thing that is near her, not the whole mob.

Often, the ORs will be elsewhere, or distracted, and someone will just slip in. Don't cue in the ORs by making a big to-do out of someone going in if it's not necessary, but do take a risk and identify yourself first if it looks like there will be an OR convergence. In general, clients want to be left alone. They don't want to see escorts, ORs or anyone, and all their body language says that. If we can, we respect that, but it is crucial when a conflict is inevitable to let the client know that we are there to help her in.

COORDINATORS

The most important quality in coordinating is a sense of "overview." You have to be able to see the client coming that no one else does, spot the OR troublemakers, and watch out for each of the escorts and whether or not they are comfortable or are confused or are getting too stressed out (and maybe need to change jobs). I don't direct, and I don't police the escorts, but I do keep an eye on people's tension and try to offer experience and options to keep things calm. As coordinator, I'm there to keep the focus on effectively getting clients into the clinic with the least possible amount of trauma and invasion of privacy.

Each week we try to have 2 coordinators at the clinic. They are responsible for on-site training, signing up people for the future, assigning escorts to these various roles, and dealing with the clinic and the police (if necessary), etc. Some ideas on these areas:

1) Outreach

One of the best ways to build an escort list is at clinic defenses. At other events, you will find that many people who are not yet ready for active clinic defense will sign up to escort. We've discovered that escorting and defense are very complimentary in this way; clinic escorting radicalizes people as they see more clearly the violence and cruelty of the ORs. They also become empowered to take defense of the clinic and the clients into their own hands.

Encourage people to sign up for a specific week, and then call them to follow up. We use a separate sheet for each week so that the coordinator for that week can phonebank easily.

It works best to set up rotating escort coordinator teams, both to develop and teach leadership, and to prevent burnout and the siege mentality that is inevitable when we must fight OR every week for years at a time.

2) Training

We have regular escort trainings, where we role play and talk about different escort scenarios. At the clinic, explain the overview and the roles of the escorts first thing, and then pair experienced and inexperienced people in the escort roles described above. We also have a closing meeting at the end of the morning so people can make suggestions, ask questions, etc.

3) Structural Stuff

At the clinic, we have a sign in the table where people can pick up a newsletter, get their vest, and sign up for future weeks. We also keep a logbook, so info isn't lost from one week to the next when the escorts and the coordinators change. We detail how the morning went and note any major events or odd OR activity.

We schedule a monthly "coordinators and other interested parties" meeting to discuss escorting, set up coordinators for the next six weeks, and to brainstorm about new ideas and tactics. It's important to invite more than just the coordinators; many escorts may never want to coordinate because the job doesn't suit them, but it is critical to get the input of your "regular" escorts as you strategize.

4) Assigning Roles/Resolving Conflicts

People who come to escort will usually gravitate to whatever "role" suits them best. We try to rotate people, especially if they are new, into more than one role each morning so that they can develop a sense of the whole picture at the clinic.

Most of the problems arise with the high-conflict roles of dogger and escort. It takes time for escorts to learn to identify themselves to a client reassuringly and get her in while maneuvering the OR gauntlet. Check in with the escorts and the doggers after a confrontation; ask "What would you do differently?" What is most important to escorting is not how you get down the sidewalk, but how you worked with the client to minimize her conflict. It's a job that takes a great deal of awareness of other's feelings.

The coordinator is there to keep the focus on the client and on what works the best to get the client in safely with as little trauma and harassment as possible. This comes up most often with the doggers. Because they are in a role that requires constant engagement with the ORs, they are most likely to get into loud, expletive-filled, and physical confrontations with the OR picketers. We're not there to censor or police the escorts; we are there to keep them effective and focused on the clients. At times, I encourage people to switch out from dogging a particularly obnoxious OR so that a conflict won't escalate.

5) The Clinic

Check in with the clinic when you arrive and when you leave. As much as possible, we don't involve the clinic in what happens outside. Although we've often said (to the police) that "We're here at the request of the clinic," it's better in terms of the clinic's liability for the escorts to be there "to help the clients." Clearly, we are sanctioned by the clinics if we're on their property and the ORs are not, but we try to limit the amount of responsibility the clinics have.

At some clinics that will not use escorts, we have escorted women on the public sidewalk and to the clinic door at the request of the clients, even though we don't have the "authority" of the clinic.

6) The Neighbors

Leaflet the neighbors and let them know why you're there, and how they can help, and then be there as quietly as possible. Besides escorting, neighbors can provide safe houses for clients on the day of a blockade, possible drop-in childcare for clinic defenders and escorts with children, and they can help keep an ongoing eye on the clinic.

7) The Police

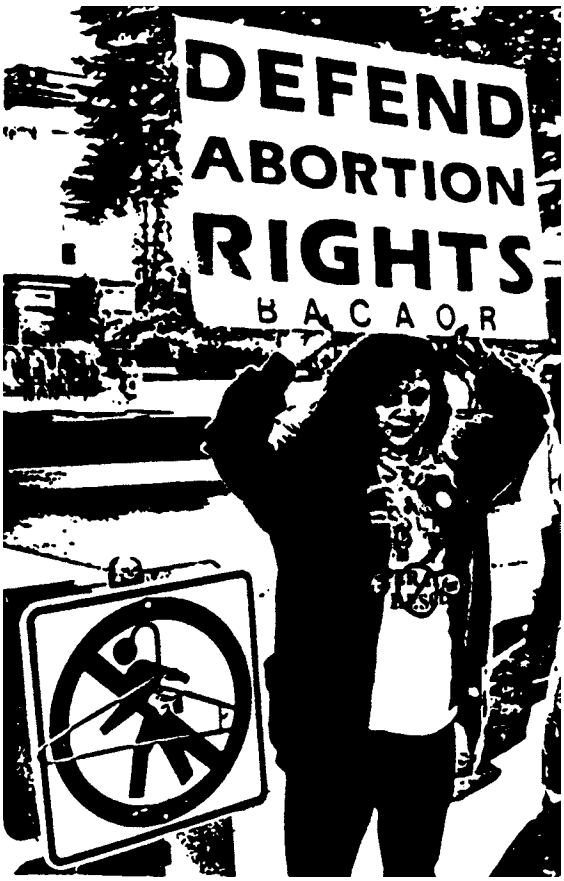
Try to keep them out of it. If they are cruising by, wave them on. Be a voice of authority and reason; let them know we have it all under control and everything is just fine, thank you, officer. (Another good argument for official vests or shirts is that it gives us a tremendous amount of authority.)

If this doesn't work and they show up anyway, play up your official image, while trying to avoid making any definitive statement about your relationship with the clinic. If they ask to speak to someone from the clinic, however, let them know that you represent the clinic with regards to escorting. If for some reason the clinic does need to be involved, make sure that you make contact with the clinic first so that can coach them on what their response to the situation should be.

When the police are there because the ORs called them to object to some escort's behavior, emphasize that everything is under control. Yes, there was a small confrontation a little while ago, but you've handled it. In fact, if an OR storms off to call the police, it's best to switch the person involved in that conflict to another, less visible location for awhile.

If the police decide to hang around and observe, they are likely to object to the "mixing up" of the "two sides" that is inevitable when one is escorting. Invariably, the police never demand that the ORs leave the area; they always want us to retreat behind the property line. Don't. Explain that this is not a debate about abortion; we are here to make sure women can get into the clinic safely without being blocked or harassed. If the ORs can be on the "public" sidewalk, after all, so can we.

The most common objection the police raise is to our "blocking" the ORs from reaching the clients. Modify the dogging technique so that the escorts face the client instead of the OR, and focus on using our bodies to form a corridor for the client. This approach makes the same situation show how the ORs are attacking the client, not that we are blocking the ORs.



Arrests. Because of OR's tactic of placing themselves in the path of clients, there is sometimes physical contact between client escorts and ORs attempting to harass clients. ORs will often try to file citizen's arrests for assault (the attempt to do violence to another) or battery (the use of force or violence on the person of another) based on these incidents. If someone from your organization is being arrested, ask the police the location of the station to which they will be taken. Someone should follow the cops and wait for the arrestee to be released. Knowing someone is there to give them a ride back to the clinic can make the experience less stressful for the arrestee.

Meanwhile, back at the clinic, someone should contact the organization's lawyer, and collect names, telephone numbers and statements of witnesses, particularly legal observers and videographers (the presence of both makes it significantly less likely that

OR will charge anyone). Also take note of what ORs were involved in the incident.

It is up to an individual to evaluate the situation and decide whether or not she or he wants to press countercharges against the OR. It is clear that when you allegedly touched them then they must have also touched you. Perhaps if the ORs realize that if they allege battery whenever physical contact occurs, the OR will face the same charges, they may stop bringing frivolous charges in an attempt to intimidate client escorts.

All charges against escorts have been dropped in the Bay Area.

See the section on TROs later in the manual for more information.

TACTICS

1) What to Do With the Clients

Use a clinic vest to put on the client so that she can pass as an escort. This won't always work, but keep extra vests with some of the escorts just in case. Check with the clinic to establish an entry of last resort - if a client doesn't want to go through the ORs can she drive into a back driveway and go in the back door? By the way, back entrances should be kept locked or supervised on a picketing day.

Go along with whatever the client tells the ORs. If she says she's meeting a friend, or is going to another office or another building, back off and distract the ORs by humiliating them for harassing someone "who isn't even going to the clinic." Clients also participate in getting themselves in the door, and this is a favorite ploy.

OR Propaganda: We've decided to put out a large trash can labeled "For Propaganda!" I tell clients at the door, "You can either keep that or you can give it to me." No one yet has decided to keep it.

If you spot a client down the street, create a diversion for the ORs around you. Ask a probing question that hints that you might be convinced to see the error of your ways. Say a sacrilegious version of Hail Mary or sing Goddess songs. Pretend you see a client in the other direction and start hustling down the street. Remember, the best client escorting is no client escorting, so try not to call attention to a client that hasn't been noticed yet.

Use fake clients. Have an escort or two time her arrival to your busiest client times, and have her take the OR literature or talk to them for a bit, or just walk past them slowly until she goes up and puts a vest on.

2) Tactics with the ORs

The way people cope with the ORs when there is not a client present runs the gamut from having long philosophical conversations to doing sexual and religious baiting. Most new escorts try at least once to "reason" with the picketers, which can be a very useful tool for distracting the ORs. Others find they get very angry at the religious or the sexist elements of what OR is doing and they yell at the antis. Most of the time, we talk or sing with each other. Having explicitly sexual conversations can really make an anti uncomfortable without directly engaging him. Singing "Goddess" songs while they do their Hail Marys is a lovely way to affirm an alternative view of appropriate religious activities. Bring material to read to the antis (and each other) about abortion and reproductive rights.

<u>Isolate and Humiliate.</u> It is critical to separate in some way the resident OR leader or troublemakers. We assign them a particular escort and do our best to isolate them from the others by getting them to lose their cool, look foolish, argue with us, etc. Although in general sexual jokes or extreme harassment are not useful with the OR picketers (they tend to settle right into martyrdom) if baiting an OR about his treatment of women, his sexuality, and how many times he masturbates will keep him from bothering clients and from being able to effectively direct the others, do it.

Remember, we are under no obligation to be polite to these people. They are here to harass women and torment them, and no matter how nice they are to you, that agenda doesn't change. They have already broken Miss Manners code by being at the clinic at all - don't let them think they can make up for it by being "polite."

I try to learn the names of the ORs, especially the leaders, so that I can direct them by name: "Come on Marion, keep walking. This is supposed to be a moving picket, remember?" On the other hand, I will not acknowledge their use of my name or their appeal to my authority if they don't like what an escort is doing. This is subtle, but it's very important. They will use this information to divide us and to target "leaders" legally. They are also personally abusive with the knowledge they do gain -- gay-baiting escorts, for instance.

TEMPORARY RESTRAINING ORDERS

A Temporary Restraining Order (TRO) is a legal device currently in use by several clinics across the country. It is a court order restraining a person, group, organization, etc. acting in a specific way on clinic property. Clinics must show to the court that unacceptable behavior or injury such as harassment, blocking or assault has occurred and will most likely continue occur unless the TRO is issued. The TRO is enforceable for specified period of time, usually between 3 months and 2 years.

Getting a TRO is one alternative that clinics can consider their plans to protect themselves and clients, but a TRO is not "the answer" to the problem of anti-abortion picketers who target particular clinics repeatedly. Enforcement is not assured, and confining our behavior toward OR to the legal realm has distinct limitations. However, TROs may be beneficial in particular situations or to accomplish specific objectives.

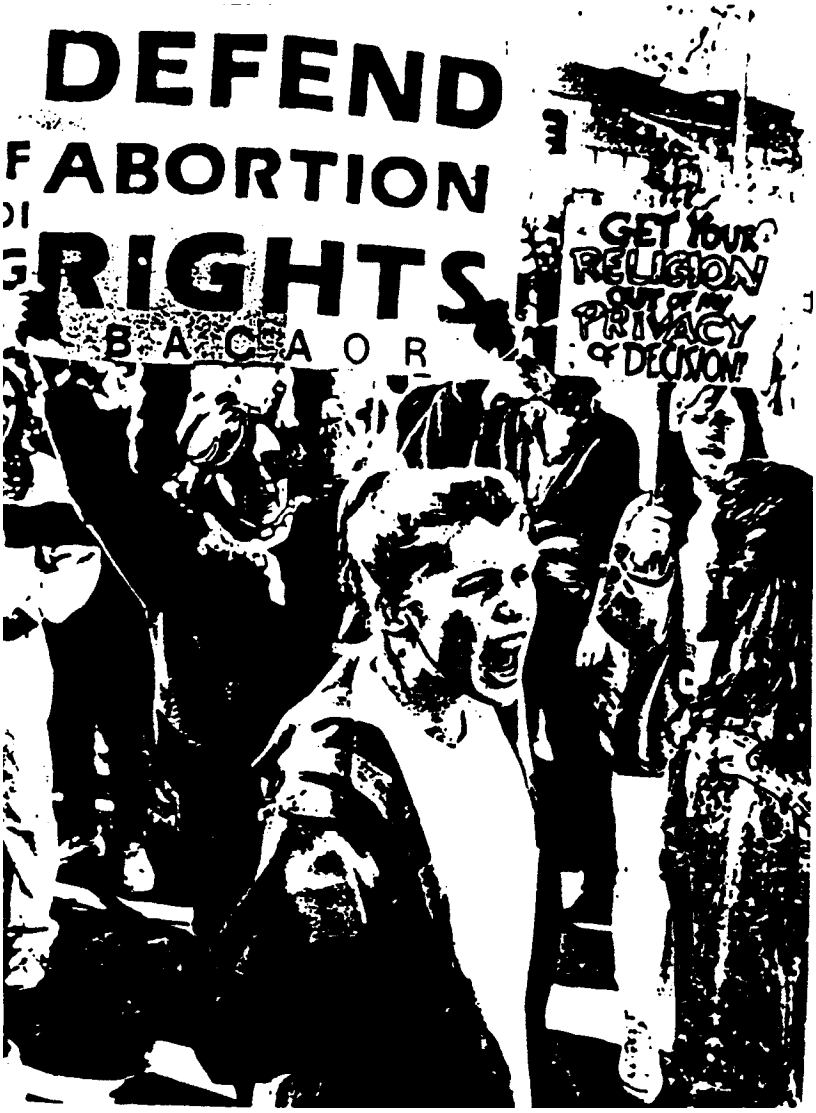
One example of a TRO's application to certain situations is to prevent a picketer from walking or standing in a given area. This is useful when the sidewalk area fronts the clinic closely, and a "legal" moving sidewalk picket by OR in that area would legally allow OR to get very close to incoming clients. Some clinics have been successful in getting the court to authorize "free zone," such as a 5-foot wide space from a clinic entrance to the Street where picketers are prohibited from stepping. One clinic obtained a TRO to keep picketers out of a private parking lot. Restraining picketers from approaching the clients' cars has also been granted.

TROs can also be used to limit picketers' actions or numbers. In Chico, CA the Feminist Women's Health Center was able to limit picketers to only 7 people on the block where the clinic is located. Picketers there were also required to stand 10 feet apart at all times, and only one was allowed to approach a woman as she entered or left the clinic.

Personal TROs have been discussed but we haven't heard of them being tried yet. This might be useful when the clinic either can't or won't go to court or otherwise cooperate in fighting OR picketers. Theoretically, an escort or escorts would obtain a TRO against either a single picketer or a group of

them, restraining them from being within 100 feet of the escorts, for example. The escorts would need to show the court that they have a lawful

right to be there, and that the picketers' actions have injured them in some way i.e., prevented them from walking down the sidewalk, shoving literature in their faces, etc.



TROs have disadvantages as well. In order to show the court that a TRO is necessary, extensive documentation is necessary, including: names of picketers, photographs, videotapes and witnesses to prove that picketer action does take place. Additionally, police enforcement of a TRO is usually nil, even though the TRO specifically guarantees it. Instead, police will tell clinics and escorts to pursue OR in civil court on contempt charges. This adds to the cycle of further time, documentation, money and testimony that will be needed to sue each OR for violating the TRO. Client escorts can end up spending too much of their time being watchdogs than being escorts if they must continually document the TRO violations done by each picketer.

But more importantly, a TRO actually gives legitimacy to the picketer's presence at a clinic. If the document grants clinics legal "protection" from weekly picketers on certain areas of clinic property, it also implies that the picketers have "legal" protection to be on other areas of the property, and to behave in ways that are not specified or prohibited in the TRO. Basically, what is the difference to a woman entering a clinic if she is taunted by an OR 6 feet away from her instead of 5 feet away? We believe the clinics are not a legitimate forum for anti-abortion harassment, and it is not a "free speech" issue. Of course in some instances, a TRO may act as a deterrent to picketers and reduce their presence or effect at the clinic, but in cases where determined groups of OR have made it clear they will be there every single week, the struggle to abide by the arbitrary "rules" set forth by a TRO can be prohibitive of other tactics escorts may need to effectively keep OR at bay.

The imposition of "rules" for the picketers' actions also subjects escorts to rules, setting up a negative dynamic that can actually cause more serious ramifications for the escorts. If the "rules" are broken by the ORs, and they very often are, it is the escorts and the clinics who are put on the defensive in their attempts to stop OR from doing so. Since the authority for keeping OR away from the clinics has been largely handed over to the "legal" system through the TRO process, the OR's can take advantage of legal recourse to harass escorts. For example, when ORs taunt escorts by putting "one toe over the line," what could be an ordinary verbal or physical push to keep them back can become a charge of assault and battery against the escort. When these weekly battles play themselves out over time, pitting the same escorts against the same ORs, the focus on "rules" can become absurd and dangerous. There have been cases of an OR sneaking up behind an escort so that the escort unknowingly steps on OR's foot, and the OR then summons the police and charges the escort with assault. Essentially, escorts are bound by rules, and they are also de facto put in the position of enforcers of the rules against OR'S actions, but they have no legal authority to do so. As the group that brings a TRO against OR, the clinics and escorts must keep their hands "clean," and uphold "the rules," but for OR, once they know what the "rules" are, they can set about figuring ways to break or get around them.

For the reasons outlined, the decision to petition the court for a TRO must be made with caution and thought. A TRO must be certain to have the effect of adding to the arsenal of tactics and strategies clinics and escorts can use against OR, rather than be the thing that ends up tying our hands or making our jobs at the clinics more difficult.

GRASSROOTS ORGANIZING

BACAOR has come a long way since 30 activists counterdemonstrated at the first Operation "Rescue" hit in July 1988. Our supporters list exceeds 3000 and two sister organizations, BACAOR South and SACAOR have organized, enlarging the territory where we defend clinics. An important aspect of this growth and support of reproductive rights activism is our commitment to community organizing as the key to defense of our rights. Organizing for change from the ground up in our communities rather than appeals for change from the top down has been the essential factor in this growth.

The Webster decision and the existence of Operation "Rescue" have revitalized the women's movement generally and the reproductive rights movement specifically because the direct and physical threats they pose have required direct and physical responses. It has become clear to a larger segment of feminists that writing letters to elected officials, limiting political action to pulling levers at the ballot box, stuffing envelopes for an organization's lobbying or fundraising appeals or attending an occasional rally or march may not be particularly adequate, successful or satisfying methods for assuring protection and expansion of our individual and reproductive rights. Thousands of people have realized what mom meant when she used to say in moments of pure frustration - if you want something done right, you've got to do it yourself.

The phrase "we don't write letters - we're BACAOR" sort of humorously describes the difference we perceive between BACAOR and mainstream pro-choice organizations. BACAOR both relies on and challenges community members to be part of frontline, direct action reproductive rights work. Client escorting and clinic defense provide the foundation and introduction to ongoing

activist participation. For many of these individuals, escorting and defending are their first involvement in activism and political direct action. This helps provide a basis for people to draw political links and develop the sense of political self- reliance and empowerment that fosters grassroots mobilization on a larger scale. Political apathy and helplessness come harder to people who are making things happen and who can see the direct results of their actions.

The multi-issue nature of BACAOR's abortion rights position also draws many to join our coalition. Not only do we talk about the struggles for lesbian and gay rights, the fight against AIDS, systematic oppression of people of color, and how these issues are linked, but we build coalitions to work with other groups fighting on those fronts. We have organized and mobilized against the Klan, racist skinheads, and the Traditional Values Coalition, to name a few. Political action and education are principal elements of our work, and we realize that the types of people who blockade clinics are the same ones who want to send lesbians and gays to concentration camps and burn crucifixes on lawns. In today's reactionary and rightwing climate we cannot afford to work on only one issue at a time.

BACAOR has prioritized going to other communities to help local activists organize, and providing ongoing support. The emergence of our sister organizations, BACAOR SOUTH and SACAOR are examples of this. The idea is that information, experience and political analysis are shared so that each organized community will then take on the task of organizing the next one in leapfrog fashion, and all are linked in a network of resources and support.

BACAOR South and SACAOR share the same principles of unity and action as BACAOR, yet are located in very different and more conservative political and social communities. This is because the message of active clinic defense and political self-reliance in our own neighborhoods has a durable appeal. BACAOR

South was organized by 3 women who independently participated in BACAOR clinic defense. Seeing the success BACAOR had, and the need for activism in their own communities, the three were inspired to form an organization like BACAOR. BACAOR helped link up the women with each other and provided them with lists of supporters in their area, tactical and other support, and away they went. BACAOR South provides escorts and defense for 6 South Bay clinics and coordinates actions in the surrounding areas.

SACAOR was formed in a similar way. At the Feminist Women's Health Center in Sacramento, regular escorts at the clinic were besieged and frustrated at constantly being on the defensive against OR. The escort coordinator at the clinic met with BACAOR leaders at a conference in Southern California and talked about ways that the escorts could be pro-active as opposed to reactive to the anti's. The group of escorts from the Health Center decided to build SACAOR as a means to organize the community for defense of other Sacramento clinics and to build an independent, activist-oriented reproductive rights group. SACAOR provides escorting and defense for two area clinics as well as support to outlying areas. SACAOR's presence since October 1989 has already had a visible and strong impact on the nature of political activism in the conservative State Capitol town. In fact, a newly-formed little sister group, YACAOR (Youth Action Committee Against Operation "Rescue") is getting underway. This is a group of Sacramento junior high kids and teenagers who want to educate themselves and their peers about reproductive rights at hits and at schools.

WE DON'T WRITE LETTERS: WE'RE BACAOR!
(and BACAOR South, and SACAOR, and...)